U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 186.35	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name DENNIS L SCHNEIER	Name LABORERS LOCAL 660		
	Labor Organization File Number 016-801		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
The Body Hoom to, it any	1.0. DOX, Building and Incom Hambor, if ally		
Street 6 BRINNINGTON DRIVE	Street 601 SOUTH FOURTH STREET		
City SAINT PETERS	City SAINT CHARLES		
State MISSOURI ZIP Code + 4 63376	State MISSOURI ZIP Code + 4 63301		
5. Position in labor organization.   AUDITOR			
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Enter appropriate data below if, during the past fiscal year, you or your spou	ise or minor child directly or indirectly had any of the following interests		
(except as specified in the exclusion	sions set forth in the instructions);		
<del></del>			
A. Held an interest in, engaged in transactions (including loans) with, or commentary value from an employer whose employees your organization.	derived income or other economic benefit of		
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
The state of the s			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
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Street			
City	of the processing and the first fig. is the way to construct a single construction of the processing o		
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State			
existing the second of the Signature to Advisory to the second of the se			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
the proof of the second of the second	go a comment a monotonic major to major		
Signed Municipal Signed	On 08/11/200\$ 636-946-8766.  Date Telephone Number		
	Date releptione Number		

Name of Person Filing DENNIS L. SCHNEIER	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name LABORERS-AGC TRAINING CENTER	CVI		
Trade Name, if any:	X a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 35 OPPORTUNITY ROAD	c. Employer		
City HIGH HILL			
State MISSOURI ZIP Code + 4 63350			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	599 Tanananana ang ayahka k ka 6 1849 2 1849 Maranananan kanadapané di 1941 - ag	
Name	PROVIDES TRAINING FOR LOCAL	660 APPRENTICE	
Trade Name, if any:	AND JOURNEYMAN MEMBERS.	niferation reconstruction	
P.O. Box, Bldg., Room No., if any		Transcription of the second of	
Street	Ad la Augustian Management and Harman and Adulta and State of the Stat		
City	Approximate dollar value of such dealing.      Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	A year-man, recommence and an analysis and disk, A AM. by W. Space (years) separate	
State ZIP Code + 4	3-18-04 RECEIVED A MEAL AND FITHE APPRENTICESHIP BANQUET. \$33.59	REFRESHMENTS AT THE VALUE WAS	
		and real management of the second sec	
	12.b. Amount.	\$34	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	emons and a state of the state	
Name			
Trade Name, if any:			
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P.O. Box, Bldg., Room No., if any		de la constanta de la constant	
Street			
City			
State ZIP Code + 4		The second secon	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	State of the state	